

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Marion County Housing Authority</u> PHA Code: <u>OR014</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>30</u> Number of HCV units: <u>1175</u>												
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  To make Marion County a better place to live by developing, administering, and maintaining, safe, decent, affordable housing for those individuals or families that reside within.												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  Marion County Housing Authority (MCHA) plans to expand the supply of available safe, decent and affordable housing by applying for (if available) up to fifty (50) additional Assisted Housing Vouchers.  MCHA will continue to maintain its vacancy rate at or below three (3%) percent in 2010-11.  Additionally, the agency is planning to secure a site for building up to fifty (50) additional units of housing in Marion County that will serve the needs of low-income, very low-income and extremely low income families over the next five years. The Housing Authority expects funding levels for tax credits partnership to return to the market within the 2010-11 fiscal year.  MCHA will use the funds from the sale of Public Housing units for the purchase of land and construction for low-income housing for families, seniors and individuals with special needs.  Unfortunately, the 2008-09 planning for the construction of 28 units of workforce and special needs housing in Keizer, Oregon was canceled in the Spring of 2009 as the LIHTC market collapsed. Equity funds necessary to complete new construction was reduced to the lowest level since the beginning of the Low Income Housing Tax Credit program. It became necessary for Marion County Housing Authority to withhold its application for new development to its participating jurisdiction, the Department to Oregon Housing and Community Development Services.  The Housing Agency expects to improve the quality of assisted housing by improving its Public Housing and Voucher management. Current management scores will be improved in MASS. Customer service will be increased in the Voucher program by providing periodic customer satisfaction surveys and implementing the new countywide, Customer Relationship Management (CRM) program for improving customer service.  MCHA plans to increase the efficiency and effectiveness of its Voucher unit inspections by working with the State Housing Agency, Lenders and Tax Credit Investors to establish a quality program that will reduce the need for multiple and repetitive financial and physical inspections by as much as twenty-five (25%) percent.  Finally, Marion County Housing Authority will relocate its current office from downtown Salem to a more centrally located area in Marion County that will provide better access to its housing units and adequate parking for its staff and clients.  See Exhibit 4. <i>VAWA Statement</i> .												

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> <li>➤ The Section 8 Housing Choice Voucher program waiting list is currently closed and has been for seven months. MCHA plans to re-open the list in the PHA Plan year.</li> <li>➤ MCHA no longer has plans to develop a Project-Based Voucher program designed to assist families with children, who experience disabling effects of drug abuse.</li> <li>➤ MCHA has removed the following method from its waiting list organization: <i>Project based designed to assist children placed in foster care.</i></li> <li>➤ MCHA does not plan to administer a Section 8 Homeownership program at this time.</li> </ul> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <ul style="list-style-type: none"> <li>➤ MCHA will be displaying its 5-Year and Annual Plan at the main administrative office located at 2645 Portland Road NE, Salem, Oregon 97301. The plan will also be available on the PHA website at <a href="http://www.co.marion.or.us/HA/">http://www.co.marion.or.us/HA/</a>.</li> </ul>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>Marion County Housing has received written approval of its Section 22 Voluntary Conversion application with HUD SAC, dated October 16, 2009. The agency plans to convert its eight (8) unit development known as Meadowood Apartments in Jefferson, Oregon, from a Public Housing program to a more efficient Section 8 Housing Choice Voucher Program. The conversion will benefit the families by giving them more mobility in housing choice. MCHA has also demonstrated benefits in a cost-expense analysis due to the conversion.</p> <p>The Section 32 Homeownership program has been successful in the current year with the sale of eight (8) homes and four (4) more pending. At least two (2) of the homes have been sold to Foster Care Families that are experiencing first time homeownership while helping the Marion County community in meeting the extraordinary demand for foster care.</p> <p>The Housing Authority anticipates the sale of its remaining 26 homes within the next three (3) years.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See Exhibit 1. <i>Capital Fund Program Annual Statement/Performance and Evaluation Report.</i></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Exhibit 2. <i>Capital Fund Program Five-Year Action Plan.</i></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>See Exhibit 3. <i>Capital Fund Financing Program (CFFP).</i></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>See Exhibit 5. <i>Strategy for Addressing Housing Needs.</i></p>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>Within Marion County Housing Authority's (MCHA) jurisdiction, there is a shortage of affordable housing for all eligible populations. MCHA will maximize the number of affordable units available to the PHA within its current resources by:</p> <ul style="list-style-type: none"> <li>➤ Employing effective maintenance and management policies to minimize the number of public housing units off-line.</li> <li>➤ Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.</li> <li>➤ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.</li> <li>➤ Maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration.</li> <li>➤ Maintain or increase Section 8 applicants to increase owner acceptance of the program.</li> <li>➤ MCHA reviews the Consolidated Plan to ensure consistency between its programs and the broader community strategies.</li> </ul> <p>Marion County Housing Authority will make every effort to increase the number of affordable housing units by:</p> <ul style="list-style-type: none"> <li>➤ Applying for additional Section 8 units should they become available.</li> <li>➤ Leveraging Section 32 Homeownership resources for development of affordable housing in Marion County..</li> <li>➤ Pursue housing resources other than public housing or Section 8 tenant-based assistance.</li> <li>➤ Marion County Housing Authority will target available assistance to the elderly by applying for special-purpose vouchers targeted to the elderly, should they become available.</li> <li>➤ MCHA will target available assistance to families with disabilities by applying for special- purpose vouchers targeted to families with disabilities, should they become available and affirmatively market to local non-profit agencies that assist families with disabilities.</li> <li>➤ MCHA will increase awareness of PHA resources amount families of races and ethnicities with disproportionate needs by affirmatively marketing to races/ethnicities shown to have disproportionate housing needs.</li> <li>➤ Marion County Housing Authority will conduct activities to affirmatively further fair housing by counseling Section 8 tenants as to location of units outside areas of poverty or minority concentration and assist them to locate those units and will market the Section 8 program to owners outside of areas of poverty/minority concentrations.</li> <li>➤ MCHA will work with other service providers to help low-income families with their housing needs by utilizing its Section 8 Housing Choice Voucher program.</li> </ul>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <b>Significant Amendment or Modification to the Annual Plan: Changes to rent or admissions policies or organization of the waiting list. Substantial Deviation from the 5-Year Plan: Additions of non-emergency work items (items not included in the current annual statement or 5-Year Plan or change in use of replacement reserve funds under the Capital Fund.</b></p> <p>Marion County Housing has made excellent progress in meeting its Mission and Goals set in 2009, as provided in the following excerpts:</p> <ul style="list-style-type: none"> <li>• Public Housing vacancies have been reduced from over six (6%) percent to three (3%) percent in the past year.</li> <li>• MCHA estimates Customer Satisfaction Surveys were returned at the rate of eighty (80%) percent with a very favorable response in eighty (80%) percent, and a satisfactory response in twenty (20%) percent of the total.</li> <li>• Twelve (12) Public Housing units were refurbished and repaired with roofs, flooring, cabinets, etc and sold to eight (8) families with annual income between forty-five and fifty-five (45%-55%) percent of the area median income (AMI).</li> <li>• The Family Self Sufficiency (FSS) program was again successful in meeting its goals of providing a program for at least twenty-five (25) families. MCHA plans to expand the program next year to at least seventy-five (75) families. A survey has been mailed to Section 8 Housing Choice Voucher families explaining the program and inviting participation. The Housing Authority plans to encourage homeownership through the FSS program and specifically with its Section 32 First Time Homeownership program.</li> <li>• Case Management in the FSS program will continue to promote education towards a General Education Degree (GED) and job opportunities with the local Community College.</li> </ul> <p>MCHA definition of significant amendment and substantial deviation/modification.</p> <ul style="list-style-type: none"> <li>• Substantial Deviation from the Plan: Additions of non-emergency work items (items not included in the current annual statement or 5-Year Plan) or change in use of replacement reserve funds under the Capital Fund.</li> <li>• Significant Amendment or Modification to the Annual Plan: Changes to rent or admissions policies or organization of the waiting list.</li> </ul>

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

CFP EXHIBIT !

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No:OR16P01450110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	85,609	0	0	0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No:OR16PO1450110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	85,609	0	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 10/19/2009	<b>Signature of Public Housing Director</b>  		
			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO1450110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OR014076001	Operations	1406		85,609	0	0	0	
	Total			85,609		0		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Part I: Summary**

PHA Name/Number Marion County Housing Authority OR014P014		Locality (City/County & State) Salem, Marion, Oregon		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>		
A.	Development Number and Name Marion County Housing Authority OR16P014	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 End of Public Housing Program FFY 2014
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		87,000	87,000	87,000	87,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		87,000	87,000	87,000	87,000
L.	Total Non-CFP Funds					
M.	Grand Total					



**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY2011			Work Statement for Year: 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-wide general maintenance and operations	N/A	87,000	HA-wide general maintenance and operations	N/A	87,000
	Subtotal of Estimated Cost		\$ 87,000	Subtotal of Estimated Cost		\$ 87,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY  —	Work Statement for Year 4 FFY 2013			Work Statement for Year: 5 End of Public Housing Program FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-wide general maintenance and operations	N/A	87,000	End of Public Housing Program	N/A	87,000
	Subtotal of Estimated Cost		\$ 87,000	Subtotal of Estimated Cost		\$ 87,000

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY	Work Statement for Year 2 FFY 2011		Work Statement for Year 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	N/A	0	N/A	0
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY	Work Statement for Year 4 FFY 2013		Work Statement for Year 5 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	N/A	0	N/A	0
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

CFP EXHIBIT 3

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No:OR16P01450109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>	
		<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
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3	1408 Management Improvements				
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<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No:OR16PO1450109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
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18a	1501 Collateralization or Debt Service paid by the PHA				
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23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/19/2009</b>		<b>Signature of Public Housing Director</b>  	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part II: Supporting Pages								
PHA Name: Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16PO1450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OR014076001	Operations	1406		85,609	0	85,609	0	
	Total			85,609		85,609		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

[illegible]

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Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

CFP EXHIBIT 4

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16S01450109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10,893		10,000	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7,200		0	0
10	1460 Dwelling Structures	71,539		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	19,300		0	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Marion County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16S01450109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant 2009</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	108,932		10,000	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	80,839			
<b>Signature of Executive Director</b> 		<b>Date</b> 9/30/2009		<b>Signature of Public Housing Director</b>  <b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

**Part II: Supporting Pages**

PHA Name: Marion County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: OR16S01450109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2009</b>
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OR014076001	Administration	1408		10,893		10,000	0	On-going
	Fencing	1450	1	7,200		0	0	
	Bath Vanities	1460	16	4,000		0	0	
	Kitchen Countertops	1460	6	2,500		0	0	
	Linen Cabinets	1460	7	3,500		0	0	
	Roofs	1460	10	61,539		0	0	
	TOTAL 1460			71,539		0	0	
	Appliances	1465.1	6	3,300				
	HVAC	1465.1	8	16,000		0	0	
	TOTAL 1465.1			19,300		0	0	
	GRAND TOTAL			108,932		10,000	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

20

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

#### Exhibit 4

## Prohibition Against Denial of Assistance to Victims of Domestic Violence, Dating Violence, and Stalking

### Notification and Victim Documentation

Marion County Housing Authority acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under MCHA's policies. Therefore, if Marion County Housing Authority makes a determination to deny admission to an applicant family, MCHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide a documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include the following:

Form HUD-50066 or a signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

Marion County Housing Authority may require one or both of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review or must request an extension in writing at that time. If the applicant so requests, MCHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant MCHA determines the family is eligible for assistance, no informal review will be scheduled and MCHA will proceed with admission of the applicant.

### Perpetrator Removal or Documentation of Rehabilitation

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, MCHA will proceed as above but will

require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully participating in a MCHA-approved rehabilitation or treatment program.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

## Terminating the assistance of domestic violence, dating violence, or stalking victims and perpetrators

### Victim Documentation

When a participant family is facing assistance termination because of the actions of a participant, household member, guest, or other person under the participant's control and a participant or immediate family member of the participant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, MCHA will require the individual to submit documentation affirming that claim.

The documentation must include the following:

Form HUD-50066 or a signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.

Marion County Housing Authority may require one or both of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to MCHA within 10 business days after the Housing Authority issues their written request. The 10-day deadline may be extended at MCHA's discretion. If the individual does not provide the required certification and supporting documentation within 10 business days, or the approved extension period, the Housing Authority may proceed with assistance termination.

If MCHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, MCHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

### Terminating the Assistance of a Domestic Violence Perpetrator

When the actions of a participant or other family member result in a determination by MCHA to terminate the family's assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, MCHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame or any approved extension period, the Housing Authority will either (a) proceed with terminating the individual perpetrator's assistance or (b) require that the family provide documentation that the perpetrator is successfully participating in a MCHA-approved rehabilitation or treatment program.

If the family elects the second option, MCHA will require the perpetrator to submit evidence of his or her current participation in counseling or other treatment. The documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. The documentation must be submitted within 10 business days of the Housing Authority's request.

If MCHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, MCHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

## Notification Regarding Applicable Provisions of the Violence Against Women Reauthorization Act of 2005

### Notification to Participants

Marion County Housing Authority will provide all participants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the participant of Housing Authority confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

MCHA will also include in all assistance termination notices a statement explaining assistance termination protection provided by VAWA.

### Notification to Applicants

MCHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of MVHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

MCHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA.

### Notification to Owners and Managers

Inform property owners and managers of their screening and termination responsibilities related to VAWA. MCHA will utilize any or all of the following means to notify owners of their VASW responsibilities:

As appropriate in day to day interactions with owners and managers.

Inserts in HAP payments, 1099's owner workshops, classes, orientation, and/or newsletters.

Signs in the Housing Authority lobby and/or mass mailings which include model VAWA certification forms.

### Confidentiality Requirements

All information provided regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.



Exhibit 5

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type:			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing			
	# of families	% of total families	
Waiting list total	1652		
Extremely low income <=30% AMI	1284	78%	
Very low income (>30% but <=50% AMI)	317	19%	
Low income (>50% but <80% AMI)	45	3%	
Families with children	280	17%	
Elderly families	82	5%	
Families with Disabilities	319	19%	
Race/ethnicity – White	1514	92%	
Race/ethnicity – Black	65	4%	
Race/ethnicity – American Native/Alaskan Native	18	1%	
Race/ethnicity – Asian	9	1%	
Race/ethnicity – Native Hawaiian/Pacific Islander	19	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR	10	59%	
4 BR	8	41%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 7 Months			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			